

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

BILL DINGUS

A.

Mailing Address 3090 COUNTY ROAD 17

City

SOUTH POINT

State

OH

Zip Code

45680

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE COUNTY CHAMBER OF COM

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2013

Transaction ID : SA11AI.90578

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MARK EVANS

B.

Mailing Address 12692 SOUTH AVE

City

NORTH LIMA

State

OH

Zip Code

44452

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARK H EVANS MD

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2013

Transaction ID : SA11AI.90759

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

GAYLE GALAN

C.

Mailing Address 625 WARREN CHAPEL RD

City

FLEMING

State

OH

Zip Code

45729

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARIETTA MEMORIAL HOSPITAL

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2013

Transaction ID : SA11AI.90538

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00